

**CITY OF CARMEL / CLAY TOWNSHIP**

PERMIT # _____

COMMERCIAL/INSTITUTIONAL IMPROVEMENT LOCATION PERMIT APPLICATION

For New Structures, Additions, Tenant Finishes, Remodels, and Accessory Structures

BUILDER OF RECORD	NAME		PHONE		FAX	
	STREET ADDRESS		CITY		STATE	ZIP
	E-MAIL ADDRESS		BEST METHOD OF CONTACT			
PLUMBING CONTRACTOR	NAME		STATE OF INDIANA LICENSE NUMBER			
PROPERTY OWNER	NAME		PHONE		FAX	
	STREET ADDRESS		CITY		STATE	ZIP
PROJECT LOCATION	PROJECT OR TENANT		COMPLEX AND/OR BUILDING		NUMBER OF FLOORS	ELEVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO
	STREET ADDRESS, INCLUDING SUITE NUMBER		CITY		STATE	ZIP
	TAX MAP PARCEL NUMBER		ZONING		FLOOD ZONE/S	
	SEWER UTILITY		WATER UTILITY		SEWER/WATER UTILITIES EXCAVATOR	
LOT SPLIT <input type="checkbox"/> YES <input type="checkbox"/> NO						
TYPE OF PERMIT EARLY RELEASE <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF CONSTRUCTION					Number of Units
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INSTITUTIONAL - <input type="checkbox"/> Municipal / Public Building <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> MULTI-FAMILY					
PROJECT PDF PLANS <input type="checkbox"/> CD <input type="checkbox"/> E-MAIL	PLAN COMMISSION / BZA / BPW DOCKET NUMBER/S AND/OR TAC DATE/S		ESTIMATED COST OF CONSTRUCTION, EXCLUDING LAND		SQUARE FOOTAGE	
	TYPE OF FOUNDATION <input type="checkbox"/> SLAB <input type="checkbox"/> BASEMENT - <input type="checkbox"/> WALK-OUT <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> POST & BEAM <input type="checkbox"/> POST & PIER		MANUFACTURED TRUSSES <input type="checkbox"/> YES <input type="checkbox"/> NO		SUMP PUMP <input type="checkbox"/> YES <input type="checkbox"/> NO	
STATE OF INDIANA CDR	CDR NUMBER		RELEASE DATE		CONSTRUCTION TYPE	
	SCOPE OF RELEASE <input type="checkbox"/> FDN <input type="checkbox"/> STR <input type="checkbox"/> ARCH <input type="checkbox"/> ELEC <input type="checkbox"/> MECH <input type="checkbox"/> PLUM <input type="checkbox"/> SPKLR <input type="checkbox"/> OTHER _____		OCCUPANCY CLASS TYPE OF RELEASE			

Class I structure permits are subject to the State of Indiana General Administrative Rules (GAR 675 IAC 12) regarding expiration time frames for beginning and completing construction.

I, the undersigned, agree that any construction, reconstruction, enlargement, relocation, or alteration of a structure, or any change in the use of land or structures requested by this application will comply with and conform to all applicable laws of the State of Indiana and the "Zoning Ordinance of Carmel Indiana - 1993" (Z-289) and amendments, adopted under authority of I.C. 36-7 et seq, General Assembly of the State of Indiana, and all Acts amendatory thereto. I further certify that only kitchen, bath, and floor drains are connected to the sanitary sewer. I further certify that the construction will not be used or occupied until a Certificate of Occupancy or of Substantial Completion has been issued by the Department of Community Services, Carmel, Indiana.

Signature of Owner or Authorized Agent _____

Printed Name _____

Date _____

REQUIRED BASE INSPECTIONS *

* Additional inspections may be required.

- | | | |
|----------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Lower Footing | <input type="checkbox"/> Rough-In | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Upper Footing | <input type="checkbox"/> Meter Base | <input type="checkbox"/> Forestry |
| <input type="checkbox"/> Underslab | <input type="checkbox"/> Final | <input type="checkbox"/> Site |

Reviewed / Released - Department of Community Services

Date _____

PERMIT FEES

Filing / Review _____

Re-Review _____

Base Inspections _____

Cert. of Occupancy _____

Other _____

P.R.I.F. _____

TOTAL _____

Fee Received - Department of Community Services

Date _____